

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	Regular
Subject Matter::	Utility
Title::	TREATMENT OF A WASTE STREAM THROUGH PRODUCTION AND UTILIZATION OF OXYHYDROGEN GAS
Attorney Docket Number::	60538/2:1
Request for Non-Publication?::	No
Request for Early Publication?::	No
Suggested Drawing Figure::	5
Total Drawing Sheets::	8
Small Entity::	Yes

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Dave
Family Name::	Van Vliet
City of Residence::	Calgary
State or Province of Residence::	Alberta
Street of Mailing Address::	151 Douglasbank Drive SE
City of Mailing Address::	Calgary
State or Province of Mailing Address::	AB
Postal or Zip Code of Mailing Address::	T2Z 1X7

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Herbert

Middle Name:: Wallace
Family Name:: Campbell
City of Residence:: Dundas
State or Province of Residence:: Ontario
Street of Mailing Address:: 139 Watson's Lane
City of Mailing Address:: Dundas
State or Province of Mailing Address:: ON
Postal or Zip Code of Mailing Address:: L9H 6K9

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom/Northern Ireland
Status:: Full Capacity
Given Name:: Stephen
Middle Name:: Barrie
Family Name:: Chambers
City of Residence:: Ladysmith
State or Province of Residence:: BC
Street of Mailing Address:: 172 Arbutus Crescent
City of Mailing Address:: Ladysmith
State or Province of Mailing Address:: BC
Postal or Zip Code of Mailing Address:: V9G 1T7

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 3528
Phone Number:: 503-224-3380, 503-294-9670
Fax Number:: 503-220-2480
E-Mail Address:: patlaw@stoel.com, kmferris@stoel.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 3528

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/427,921	11/19/02

ASSIGNEE INFORMATION

Assignee Name::	Xogen Power Inc.
Street of Mailing Address::	805 – 10 th Avenue S.W., Suite 600
City of Mailing Address::	Calgary
State or Province of Mailing Address::	AB
Postal or Zip Code of Mailing Address::	T2R 0B4